## Scientific / Peer Review Form

Please provide a scientific review. The completed scientific / peer review and your response to any changes / comments raised must be included with your ethics submission. Your submission will not be reviewed until it is complete.

The person doing the scientific / peer review must have the expertise in the field and have no conflict of interest, so as to be able to give an independent and unbiased review. The scientific / peer review must respond specifically to the questions below. The reviewer is specifically requested to avoid "yes / no" answers. Please elaborate on any other issues you identify.

Title of Research Proposal: \_\_\_\_\_\_

1. Describe whether or not the purpose of the study is clear to you and whether the data to be collected relate to the purpose or hypothesis.

- 2. Discuss whether or not the research design is appropriate to the goals of the study.
  - Are specific objectives clearly outlined in the protocol?
  - What are the measures being used (i.e. interventional, biochemical, physiological etc.) and describe how they are suited to the study goals?
  - Describe whether or not the specific study procedures are appropriate and reasonable given any risks or burdens they may entail.
  - Describe whether or not the attached questionnaires are appropriate for the objectives of this study. If psychological tests are to be administered, have they been validated?

- 3. Discuss whether or not the study population is clearly defined and is appropriate to the stated research purpose?
  - Are clear inclusion and exclusion criteria described?

4. Are recruitment procedures specified? Describe any conflicts of interest that could affect the recruitment procedures.

- 5. Discuss the adequacy of their data analysis plan.
  - How will the data to be collected be utilized in the statistical analysis?
  - How did the investigators arrive at the planned sample size and will it, given variability in the data, likely provide statistical validity?

6. Any other comments?

Reviewer's name:	Organization affiliation:	
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Signature:	Date:
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